# Request for EMS Advice and Outcome Summary

## EMS Advice Request – Completed by EMS Assessor

### Client Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** | [Family Name] | **First Name(s)** | [First Name(s)] |
| **NHI** | [Insert NHI] | **Date of Birth** | Enter text |
| **Address** | Enter text | | |

### EMS Assessor Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | Enter text | | **AEA No.** | Enter text |
| **Phone** | Enter text | |  |  |
| **Email** | Enter text. | | | |
| **Preferred method of contact:** | | Choose an item | | |
| **Preferred time/day for contact:** | | Enter text | | |

### Eligibility Details

**Primary Diagnosis:** Choose an item **Secondary Diagnosis or other:** Enter text

**Resides:** Choose an item **If not listed, please state**: Enter text

**EMS Funding Stream:** Choose an item

### EMS Advice Requested

Mandatory Consultation

Optional Consultation

**Equipment** Choose an item

**Housing** Choose an item

**Vehicle** Choose an item

### Explanation of Situation/Issues

**Background Information**

Click or tap here to enter text.

**Current Functional Ability**

Click or tap here to enter text.

**Clinical Reasoning**

Click or tap here to enter text.

**Proposed Solution**

Click or tap here to enter text.

### Attachments Included (where applicable)

|  |  |
| --- | --- |
| Existing sketch  Proposed modification sketch  Equipment quote  Manual or Power chair specification form  Photos or video | Eligibility for LTS-CHC funding  Evidence of main carer  Evidence of full-time tertiary study  Evidence of voluntary work  Evidence of full-time employment |

## Outcome of Consultation – Completed by EMS Advisor

### Review Notes

Click or tap here to enter text.

### Previous Funding History

Click or tap here to enter text.

### Review Outcome

Click or tap here to enter text.

Solution meets MoH access criteria, proceed to the MoH EMS Portal

Solution does not meet MoH access criteria, consider alternative solutions

Other: Enter text

**Date Completed** Enter a date

**EMS Advisor** Choose an item

**Designation** Choose an item

Click on the icon below to paste in any photos

  

 

  